Only

PAGE 1/7 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) New Jersey Republican State Committee PO Box 408 ADDRESS (number and street) (Check if address is changed) Bayville 08721-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tmondella@gmail.com (Check if address is changed) Optional Second E-Mail Address kdavis@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00164418 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Van Doren, Shaun, , , Type or Print Name of Treasurer Van Doren, Shaun, , , [Electronically Filed] 07 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Compl	ete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and	is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) comm	(Democratic, REP Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify co	nnected organization on line 6.) Its connected organization is a:
Corporation	w/o Capital Stock Labor Organization
Membership Organization Trade Asso	E
In addition, this committee is a Lobbyist/Registra	ot PAC
_	candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registra	nt PAC.
In addition, this committee is a Leadership PAC.	
_	
(g) This committee is an independent expenditure-only political	
In addition, this committee is a Lobbyist/Registra	IT PAC.
(h) This committee is a political committee with both contributi	on and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registra	nt PAC.
Joint Fundraising Representative:	
	enses and disburses net proceeds for two or more political orized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising exp committees/organizations, none of which is an authorized of	enses and disburses net proceeds for two or more political committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	C

Trump Victory Mailing Address 138 Conant St		FEC Form 1 (Revis	sed 02/2009)	Page 3
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Trump Vicitory	٧	Vrite or Type Committee N	ame	
Trump Victory Mailing Address 138 Conant St		New Jersey	Republican State Committee	
Mailing Address 138 Conent St	6.		organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
Relationship: Connected Organization Affiliated Organization X Joint Fundralsing Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mondella. Theresa Full Name Mailing Address 30 Lena Court Custodian of Records Title or Position ▼ Custodian of Records Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Van Doren, Shaun, of Treasurer Mailing Address P O Box 132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲		Trump Victory		
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7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mondella, Theresa, Full Name Mailing Address 30 Lena Court Bayville CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ (Custodian of Records Telephone number 732 - 904 - 0257 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Van Doren, Shaun, Oldwick NJ 08858-0132 Title or Position ▼ Title or Position ▼ Treasurer Literasurer All P CODE ▲ Title or Position ▼			CITY ▲ STAT	E ▲ ZIP CODE ▲
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Full Name Mailing Address 30 Lena Court	7.		dentity by name, address (phone number optional) and position of the p	person in possession of committee
Full Name Mailing Address 30 Lena Court		Monde	alla Theresa	
Mailing Address 30 Lena Court			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Custodian of Records Telephone number Telephone number Tage and the name and address of any designated agent (e.g., assistant treasurer). Full Name Van Doren, Shaun, of Treasurer Mailing Address P O Box 132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼			₁ 30 Lena Court	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Custodian of Records Telephone number 732 - 904 - 0257 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name		Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Custodian of Records Telephone number 732 - 904 - 0257 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name				
Title or Position ▼ Custodian of Records Telephone number Tele			Bayville	08721-2472
Title or Position ▼ Custodian of Records Telephone number Tele			CITY A STAT	TE ▲ ZIP CODE ▲
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Van Doren, Shaun, , , of Treasurer Mailing Address P O Box 132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Title or Position ▼	Cit I = Giri	211 0052 -
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Van Doren, Shaun, , , of Treasurer Mailing Address P O Box 132 Oldwick NJ 08858-0132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Custodian of Records	I	732 904 0257
any designated agent (e.g., assistant treasurer). Full Name			Telephone number	
any designated agent (e.g., assistant treasurer). Full Name				
of Treasurer Mailing Address P O Box 132 Oldwick NJ 08858-0132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	8.			nittee; and the name and address of
of Treasurer Mailing Address P O Box 132 Oldwick NJ 08858-0132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ 1. Treasurer		Full Name Van D	oren, Shaun, , ,	
Mailing Address Oldwick NJ 08858-0132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		1		
Oldwick NJ 08858-0132 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Mailing Address	P O Box 132	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼				
Title or Position ▼			Oldwick	J 08858-0132
Title or Position ▼			CITY ▲ STAT	"E ▲ ZIP CODE ▲
Treasurer		Title or Position ▼		
		Treasurer	Telephone number	908 439 3054

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Mondella, Theresa, , ,	
Mailing Address	30 Lena Court	
	Bayville NJ	08721-2472
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position \		
Custodian of Rec	ords 7 Telephone number	32 904 - 0257
	Depositories: List all banks or other depositories in which the committee deposits fixes or maintains funds.	unds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	TD Bank	
Mailing Address	1398 US Highway 9	
	Old Bridge	08857
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
South Jersey Firs	st 		
Mailing Address	138 Conant St		
	Ste 2		<u> </u>
	Beverly	MA I	01915-1666
Dolotionobina	CITY A	STATE ▲	ZIP CODE ▲
Relationship:		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Figure 1. Join 1.	STATE A	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Fy Join Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Wells	Affiliated Committee Affiliated Committee Fy Join Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee Affiliated Committee Figure 1	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Wells	Affiliated Committee Affiliated Committee Figure 1. Join 1.	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee Affiliated Committee Figure 1. Join 1.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	6	of	7	
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1						
				FEC II	O number	C
2				FEC II	O number	С
3				FEC II	O number	С
4.				FEC II	O number	С
	f Any Connected Con Victory Fund	Organization, Aff	iliated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
Mai	uiling Address	PO Box 999				
				1	NJ	08818-
		Edison				
Designate	ted Agent: Identify	Organization	CITY Affiliated Committee ss (phone number – option	Joint Fundraising	STATE A	ZIP CODE ▲ ative Leadership PAC Sp
Designat o	Connected ted Agent: Identify	Organization	Affiliated Committee			
Designat o	Connected ted Agent: Identify	Organization	Affiliated Committee			
Designat o	Connected ted Agent: Identify	Organization	Affiliated Committee			
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Designat Full N Mailin	Connected ted Agent: Identify	Organization by name, addres	Affiliated Committee	nal)	g Representa	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

(h). Joint Fundraisi	ig i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Protect The Hous	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
Connecte esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		ative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent